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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/567,421
		Filing Date	February 6, 2006
		First Named Inventor	Rauch, Eduard
		Art Unit	3742
		Examiner Name	Daniel Leon Robinson
Total Number of Pages in This Submission		Attorney Docket Number	080641-000000US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard		
<input type="checkbox"/> Amendment/Reply (with Substitute Specification and Comparison Copy) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)				
<input checked="" type="checkbox"/> Extension of Time Request				
<input type="checkbox"/> Express Abandonment Request				
<input type="checkbox"/> Information Disclosure Statement				
<input type="checkbox"/> Certified Copy of Priority Document(s)	<table border="1"><tr><td>Remarks</td><td>The Commissioner is authorized to charge any additional fees to Deposit Account No. 20-1430.</td></tr></table>	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account No. 20-1430.	
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account No. 20-1430.			
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Georg Seka		
Date	July 16, 2009	Reg. No.	24,491

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Jane Welch	Date	July 16, 2009